

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service (DOS) 02/19/02?
  - b. The request was received on 06/17/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/25/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/26/02. The response from the insurance carrier was received in the Division on 08/05/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter dated 07/19/02  
"The [sic] are denying our claim due to 'Review of report only, Re-eval. Of designated doctor / MMI = Evaluation / MGM Gr.XII.D.2.' The procedure code 99455-RP is being denied unfairly. We are applying the TWCC Rule 133.3 (e)(f)..."
2. Respondent: letter dated 08/02/02  
"Requestor cites MFG, Evaluation/Mgmt GR XXII(D)(2) as authority for this billing under CPT 99455-RP. However, that section only authorizes billing for review and

evaluation for agreement/disagreement of a referral doctor's report. Dr....., the designated doctor, is not a referral doctor, 28 TAC section 133.4(c). There is no authority to bill for this review as coded by Requestor."

#### IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 02/19/02.
2. The carrier's EOBs have the denial: "F – FEE GUIDELINE MAR REDUCTION RE-EVAL OF DESIGNATED DOCTOR MMI. EVALUATION/MGM GR XXII. D. 2."
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS           | CPT CODE | BILLED  | PAID   | EOB Denial Code | MAR     | REFERENCE  | RATIONALE:  |
|---------------|----------|---------|--------|-----------------|---------|--|---|
| 02/19/02      | 99455-RP | \$50.00 | \$0.00 | F               | \$50.00 | Texas Workers' Compensation Act & Rules, Sec. 408.122 (c), Rules 130.3 & 133.3 (e)(f); MFG, E/MGR (XXII)(D)(2) | The referenced E/MGR does not refer to a Designated Doctor who per Sec. 408.122 (c) of the Texas Labor Code has presumptive weight. Also, while Rule 133.3 (f) states, "the treating doctor shall indicate agreement or disagreement with the certification and evaluation of the certifying doctor as specified in Rule 130.3..." it should be noted that at the time of Certification, Rule 130.3 is titled " <b>Certification of Maximum Medical Improvement by a Doctor Other Than the Treating or Designated Doctor.</b> " Therefore, no reimbursement is recommended. |
| <b>Totals</b> |          | \$50.00 | \$0.00 |                 |         |  | The Requestor is not entitled to reimbursement.   |

The above Findings and Decision are hereby issued this 20<sup>th</sup> day of November 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division